

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001871

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 202

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 28 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN PLEASANT HILL	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH HOSPITAL		d. STREET ADDRESS (If outside, give location) R.R. # 2	
3. NAME OF DECEASED (Type or print) First Middle Last DONALD LOUIS SPANGLER		4. DATE OF DEATH Month Day Year JAN. 11 1963	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/5/19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY AIRCRAFT	
13a. FATHER'S NAME LESTER L. SPANGLER		13b. MOTHER'S MAIDEN NAME MARY BELL WHEATLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW.2		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT LARRY SPANGLER		14. NAME OF HUSBAND OR WIFE Rita L. SPANGLER (BONNIE) L. SPANGLER	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fractured Skull Crushed Chest</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Fractured Skull Crushed Chest</i> DUE TO (c) <i>Fractured Skull Crushed Chest</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fractured Skull Crushed Chest</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		11. BIRTHPLACE (City and state or country) LIBERAL, MISSOURI	
12. CITIZEN OF WHAT COUNTRY USA		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year 1-17-63		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>I was car collision</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway</i>	
21. I attended the deceased from Death occurred at 3:10 P.		22a. SIGNATURE (Degree or title) <i>Hugh H. Owens</i>	
22b. ADDRESS <i>152 Union Station</i>		22c. DATE SIGNED 1-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JAN. 12, 1963	
23c. NAME OF CEMETERY OR CREMATORY WILLS CEMETERY		23d. LOCATION (City, town, or county) PECULIAR MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, 1331 K. C., Mo.		25. DATE RECD. BY LOCAL REG. 1-12-63	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>			

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

1-23-63

Bonnie L. Spangler

Rita L. (Bonnie) Spangler

DOCUMENT

BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

Hugh H. Owens

961 6 T NR

STATE OF MAINE

0930

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*David V. Horsey*

Licensed Embalmer No. 14712 P

P. O. Address H@KLL

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.